

FOR LAB USE ONLY

**McLaren** 030855



PORT HURON

OUTPATIENT LABORATORY REQUISITION  
1221 PINE GROVE AVENUE PORT HURON, MICHIGAN 48060  
PHONE: (810) 989-3263 FAX: (810) 989-3221

SST	RED	LAV	BLUE	FROZEN	OTHER:
UA	UA-24	UA-CULT	STOOL	SWAB	
DATE COLLECTED: / /		TIME COLLECTED: AM PM		ACCOUNT NO.:	HISTORY NO. or LABEL:
FASTING <input type="checkbox"/>		INIT.:		AFFIX ACCESSION LABEL HERE	
PATIENT LAST NAME FIRST M.I.		SEX			
ADDRESS/STREET CITY STATE		ZIP			
HOME PHONE SOCIAL SECURITY NO.		BIRTHDATE Mo Day Year			

PHYSICIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**A COPY OF INSURANCE CARD IS REQUESTED**

BILL TO: BC/BS  MC  MCAID  OTHER  PATIENT

SUBSCRIBER NAME LAST FIRST INITIAL

GROUP # CONTRACT #

STAT PRIORITY

SEND COPY TO: \_\_\_\_\_

ICD-10 CM REQUIRED FOR INSURANCE BILLING AND MUST BE PROVIDED TO JUSTIFY MEDICAL NECESSITY FOR TESTS ORDERED PARTIAL LIST APPEARS BELOW

**PHYSICIAN NOTICE**

**Advanced Beneficiary Notice:** If physicians and caregivers have reason to believe that Medicare will not pay for a procedure because it is not covered due to medical necessity, screening or frequency they are required to provide the Medicare patient with an ABN. If Medicare is likely to deny payment you should complete the ABN and ask the patient to sign it.

**Medical Necessity:** When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. (@=ABN targeted tests)

<input type="checkbox"/> <b>COMP</b> with eGFR COMPREHENSIVE METABOLIC PANEL	<input type="checkbox"/> <b>BMP</b> with eGFR BASIC METABOLIC PANEL	<input type="checkbox"/> <b>RFP</b> with eGFR RENAL FUNCTION PANEL	<input type="checkbox"/> <b>LYTE</b> ELECTROLYTE PANEL	<input type="checkbox"/> <b>LIPID @</b> LIPID PANEL	<input type="checkbox"/> <b>HPA @</b> HEPATIC FUNCTION PANEL	<input type="checkbox"/> <b>HEPPNL @</b> ACUTE HEPATITIS PANEL
Glucose Potassium Albumin ALT BUN Chloride Calcium AST Creatinine CO <sub>2</sub> Alk Phosphatase Anion gap Sodium Total Protein Total Bilirubin (SST)	Glucose Sodium CO <sub>2</sub> BUN Potassium Calcium Creatinine Chloride Anion gap (SST)	Glucose Sodium Calcium BUN Potassium Phosphorus Creatinine Chloride Anion gap Albumin CO <sub>2</sub> (SST)	Sodium Potassium Chloride Anion gap CO <sub>2</sub> (SST)	Cholesterol HDL Cholesterol Triglycerides LDL (CALC) LDL (SST)	Albumin Total Protein Bilirubin (Total, Fractions) ALT, AST Alk Phosphatase (SST)	HAV, IgM HBV core Ab, IgM HBV Ag HCV Ab (SST)

ALPHABETICAL LISTING OF INDIVIDUAL TESTS AND SPECIMEN REQUIREMENTS - ANY PANEL COMPONENT MAY BE ORDERED SEPARATELY

OTHER:	<input type="checkbox"/> ALB Albumin SST	<input type="checkbox"/> LDH LD (LDH) SST	<input type="checkbox"/> ENA ENA (SM/RNP) SST
	<input type="checkbox"/> ALK Alkaline Phosphatase SST	<input type="checkbox"/> LH LH SST	<input type="checkbox"/> SJO Sjogrens (SSA/SSB) SST
COMMENTS:	<input type="checkbox"/> ALT ALT (SGPT) SST	<input type="checkbox"/> LIP Lipase SST	<b>THERAPEUTIC DRUGS*</b>
	<input type="checkbox"/> AMY Amylase SST	<input type="checkbox"/> LIPREF Lipid Panel reflexed to Direct	<input type="checkbox"/> VALP Depakene (Valproic Acid) SST
	<input type="checkbox"/> A1CE Angiotensin Conv. Enzyme (ACE) SST	<input type="checkbox"/> LDL LDL if TRIG>400 @ SST	<input type="checkbox"/> DIG Digoxin (Lanoxin) @ SST
	<input type="checkbox"/> AST AST (SGOT) SST	<input type="checkbox"/> MG Magnesium @ SST	<input type="checkbox"/> PHENY Dilantin (Phenytoin) R
	<input type="checkbox"/> B12 Vitamin B12 SST	<input type="checkbox"/> PHOS Phosphorus SST	<input type="checkbox"/> LAMOT Lamictal (Lamotrigine) R
	<input type="checkbox"/> TBIL Bilirubin, Total SST	<input type="checkbox"/> K Potassium SST	<input type="checkbox"/> CARB Tegretol (Carbamazepine) SST
	<input type="checkbox"/> NBIL Bilirubin, Neonatal SST	<input type="checkbox"/> PSA PSA, Diagnostic @ SST	*Date/time of last dose _____
	<input type="checkbox"/> BUN BUN SST	<input type="checkbox"/> PSASCN PSA, Annual Screen Z12.5 SST	<b>MICROBIOLOGY/MROLOGY</b>
	<input type="checkbox"/> CA Calcium SST	<input type="checkbox"/> TP Protein, Total Serum SST	Cultures include a sensitivity on clinically significant organisms
	<input type="checkbox"/> CBCD CBC (Inc PLT and Diff) @ LAV	<input type="checkbox"/> TPEML Protein Electrophoresis Serum SST	Source (required) _____
	<input type="checkbox"/> CBC CBC (Inc PLT, No Diff) @ LAV	<input type="checkbox"/> PTINR Prothrombin Time with INR @	<input type="checkbox"/> GENC* Genital
	<input type="checkbox"/> CEA CEA @ SST	<input type="checkbox"/> PTHI PRH, Intact @ PEARL	<input type="checkbox"/> GSSC Genital Group B Strep
	<input type="checkbox"/> CHOL Cholesterol @ SST	<input type="checkbox"/> RPR RPR (VDRL) @ SST	<input type="checkbox"/> GCRNA GC RNA
	<input type="checkbox"/> CPK CPK SST	<input type="checkbox"/> RUBLG Rubella IgG SST	<input type="checkbox"/> CHRNA Chlamydia RNA
	<input type="checkbox"/> CORTS Cortisol SST	<input type="checkbox"/> ESR Sed Rate @ LAV	<input type="checkbox"/> CHGRNA Chlamydia/GC RNA Panel
	<input type="checkbox"/> CREAT Creatinine with eGFR SST	<input type="checkbox"/> FT4 T4, Free SST	<input type="checkbox"/> HSVPCR Herpes Culture w/typing
	<input type="checkbox"/> CRP CRP (Inflammatory) SST	<input type="checkbox"/> TESTO Testosterone SST	<input type="checkbox"/> RTRAG Trichomonas Ag, females only SWAB
	<input type="checkbox"/> CRPHS CRP, High Sensitive (cardiac) @ SST	<input type="checkbox"/> TESTF Testosterone, Free SST	<input type="checkbox"/> STOC EHEC Stool Culture w/Shiga toxin
	<input type="checkbox"/> EBVPNL EBC, IgM VCA SST	<input type="checkbox"/> TRIG Triglycerides, @ SST	<input type="checkbox"/> WBCST Stool Exam for WBC's
	<input type="checkbox"/> FE Iron @ SST	<input type="checkbox"/> TSH TSH @ SST	<input type="checkbox"/> GCrypP Giardia/Cryptosporidium
	<input type="checkbox"/> FETI Iron with TIBC. % Saturation @ SST	<input type="checkbox"/> TSHREF TSH reflexed to FT 4 if abnormal @ SST	<input type="checkbox"/> CDPCR Clostridium Difficile PCR (C-Diff)
	<input type="checkbox"/> FER Ferritin @ SST	<input type="checkbox"/> URIC Uric Acid SST	<input type="checkbox"/> ROTC Rotavirus
	<input type="checkbox"/> FOL Folate, Serum SST	<input type="checkbox"/> VITDML Vitamin D @ SST	<input type="checkbox"/> OCCB Occult Blood, Stool, Diagnostic @
	<input type="checkbox"/> FSH FSH SST		<input type="checkbox"/> OCCSCN Occult Blood, Stool, Annual Screen
	<input type="checkbox"/> GGT GGT @ SST	<b>URINE TESTING</b>	<input type="checkbox"/> Z12.12 Colon CA Screen
	<input type="checkbox"/> GLU Glucose @ SST	<input type="checkbox"/> UA Urinalysis w/microscopic if indicated U	<input type="checkbox"/> Z12.11 Rectal CA Screen
	<input type="checkbox"/> A1C Glycohemoglobin (HgbA1C) @ LAV	<input type="checkbox"/> UHCG Qual Urine HCG U	<input type="checkbox"/> URNC Urine Culture <input type="checkbox"/> Void <input type="checkbox"/> Cath @
	<input type="checkbox"/> HCGQNT HCG, Quant Serum @ SST	<input type="checkbox"/> URMCALCREMO Microalbumin/Creatinine Ratio U	<input type="checkbox"/> SPTC* Sputum Culture
	<input type="checkbox"/> HBSAG Hepatitis B Surface Antigen @ SST	<input type="checkbox"/> URMALB24 Microalbumin, 24" Urine U24	<input type="checkbox"/> THTC Throat Culture
	<input type="checkbox"/> HBSAB Hepatitis B Surface Antibody @ SST	<input type="checkbox"/> URTPT Total Protein, Random Urine U	<input type="checkbox"/> TSSC 24 hr. Strep Screen, Throat
	<input type="checkbox"/> HBCM Hepatitis B Core AB IgM @ SST	<input type="checkbox"/> URTP24 Total Protein, 24" Urine U24	<input type="checkbox"/> S10C Rapid Group A Strep, Throat
	<input type="checkbox"/> HAVMI Hepatitis A Antibody, IgM @ SST	<input type="checkbox"/> URCRE Creatinine, Random Urine U	<input type="checkbox"/> WDC* Wound Culture
	<input type="checkbox"/> HCVG Hepatitis C AB @ SST	<input type="checkbox"/> UCRE24 Creatinine, 24" Urine U24	<input type="checkbox"/> ANAC Anaerobic Cult
	<input type="checkbox"/> HELGML H Pylori Antibody, IgG SST	<input type="checkbox"/> URCRCL Creatinine Clearance U24, SST	<input type="checkbox"/> BFLC* Body Fluid Cult
	<input type="checkbox"/> HTRO Heterophile (Infectious Mono) SST	(includes Blood Creatinine)	<input type="checkbox"/> FUNC Fungus Culture Source _____
	<input type="checkbox"/> HIV12 HIV-1/HIV-2 AB @ SST	<b>AUTO ANTIBODIES</b>	<input type="checkbox"/> AFBC TB Smear & Cult
	<input type="checkbox"/> HLAB27 HLA B-27 2LAV	<input type="checkbox"/> ANA ANA SST	<input type="checkbox"/> BBLC Blood Culture
	<input type="checkbox"/> HCYSTML Homocysteine @ PEARL	<input type="checkbox"/> DNADS DNA, double stranded SST	*Includes Gram Stain
		<input type="checkbox"/> RF Rheumatoid Factor SST	